Maricopa Integrated Health Systems
Formulary Prior Auth Criteria

Drug: Intron A (Interferon Alfa-2b)
   Roferon-A (Interferon alfa-2a)
   Peg Intron (Peginterferon alfa-2b)

Therapy:
   A) Oncology
               Intron A and Roferon-
      a) Hairy cell leukemia ≥ 18 years old
      b) Kaposi's Sarcoma ≥ 18 years old
      c) Adjuvant to surgical treatment for malignant melanoma ≥ 18 years old
      d) Follicular lymphoma ≥ 18 years old
      e) Philadelphia chromosome positive chronic myelogenous leukemia (CML) within one year of diagnosis
      f) Follicular Lymphoma0 Non-Hopkins lymphoma ≥ 18 years old
      g) Multiple Myeloma

   B) Hepatitis
         Intron A
            Chronic Hepatitis B-
               Patient's ≥1 year old with compensated liver disease
         Intron A and Roferon-A
            Chronic Hepatitis C-
               Patient's ≥18 years old with compensated liver disease
         Peg Intron
            Chronic Hepatitis C-
               Patient's ≥18 years old with compensated liver disease not previously treated with interferon alpha.
               Safety and efficacy of peginterferon alfa-2b in combination with ribavirin has not been established.

Inclusions:
   A) Oncology-
            Request comes from the Oncologist
            Appropriate diagnosis from above
   B) Hepatitis-
         Hepatitis B and Hepatitis C
      1. Liver biopsy and extent of liver damage
      2. Serum ALT (Alanine aminotransferase)
      3. **Hepatitis B-** Serum markers of HBV replication (HbeAG and HBV DNA)
      4. **Hepatitis C-** Serum markers of HCV RNA (a viral load)
      5. Alcohol-free for six months
      6. **Peg-Intron-** has received a number from the manufacture company

Exclusions:
Other causes of liver diseases (to exclude contraindications such as autoimmune disease or a combination of autoimmune disease and Hepatitis C

Authorization:
Intron A and Roferon-A
Initially three months
Further authorization of six months with documented efficacy and normalization of ALT
Maximum authorization of 24 months (Hepatitis)

Peg-Intron
Initially three months
Further authorization of six months with documented efficacy and normalization of ALT
Maximum authorization of 24 months

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